FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS AND CAMPAIGN DISCLOSURE
2008 MAY 13 PM 2:26

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 6044
Indexed S
Audited
Computer

COMMITTEE NAME (Must be same as on Statement of Organization) HEARING AID SPECIALIST POLITICAL ACTION Committee

IMPORTANT: Indicate type of committee you are reporting for: 6

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support Slate of Candidates

SIGNATURE OF TREASURER (or person filing this report) 319 393-4673 TELEPHONE 5/13/08 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 19, 2008 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ..... $ 879.11

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) .....

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 879.11

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 16.05

Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (If final report, balance must be zero) (Attach DR-3) ..... $ 863.06

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)* HEARING AID SPECIALIST POLITICAL ACTION COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/08/08	ID# CK# AUTO	WELLS FARGO BANK MASON CITY IA 50401	MONTHLY SERVICE CHARGE	$ 3.21
2/07/08	ID# CK# AUTO	WELLS FARGO BANK MASON CITY IA 50401	MONTHLY SERVICE CHARGE	3.21
3/07/08	ID# CK# AUTO	WELLS FARGO BANK MASON CITY IA 50401	MONTHLY SERVICE CH	3.21
4/07/08	ID# CK# AUTO	WELLS FARGO BANK MASON CITY IA 50401	MONTHLY SERVICE CHARGE	3.21
5/07/08	ID# CK# AUTO	WELLS FARGO BANK MASON CITY IA 50401	MONTHLY SERVICE CHARGE	3.21
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL *(If last page of this schedule)*	$ 16.05

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(l).)

(for Schedule B)